

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90042 044 ***138.75

DOCUMENT # L07000109874

1. Entity Name

KINGDOM MUSIQ ENTERTAINMENT, LLC



Principal Place of Business

**2511 NORTHWEST 87TH LANE
SUNRISE, FL 33322**

Mailing Address

**2511 NORTHWEST 87TH LANE
SUNRISE, FL 33322**

00004337

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

22-397561

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME FREEMAN, CREIG JOHANN L
STREET ADDRESS 2511 NORTHWEST 87TH LANE
CITY-ST-ZIP SUNRISE, FL 33322

TITLE MGR ☐ Delete
NAME WRIGHT, RASHARD J
STREET ADDRESS 2511 NORTHWEST 87TH LANE
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ST ☐ Delete
NAME RAYMOND, WEDENS JUNIOR
STREET ADDRESS 2511 NORTHWEST 87TH LANE
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Treasurer ☒ Change ☐ Addition
NAME wedens Raymond
STREET ADDRESS 8436 SW 24th
CITY-ST-ZIP Miramar, FL 33025

TITLE Secretary ☐ Change ☒ Addition
NAME Mark Domestie
STREET ADDRESS 6221 NW 16 Pl
CITY-ST-ZIP Sunrise FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CREIG FREEMAN

04/24/08

Date

(404) 599-7264

Daytime Phone #